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THE EVOLUTION AND THE DEVELOPMENT OF THE NURSE *

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WHEN the skilled attendant replaced the mother at the bedside and training began to assist affection in the care of the sick, nursing became a profession. Up to that time the offices of the nurse had been limited to blowing the porridge hot or cold, blocking draughts, smothering the invalid with blankets, soothing the patient and assisting in the general work of the household. These offices ordinarily devolved upon some good neighbor whom trouble had aroused to kindness, or to whom life had brought a little more experience but whom art had not inspired or science enlightened. Medicine had not at that time emancipated itself from the pseudo-sciences or discovered its place among the arts. The light of knowledge had indeed touched the mountain peaks, from which desultory rays were reflected into the valleys, but in the valleys presumption and vanity still held that medicine could abort and banish disease. The dictum of Hippocrates that disease was a coction of humors prevailed. Indigestion for him was a disturbance of humors that could be rectified. But though his practice was primitive the great spirit of Hippocrates, revived by Sydenham, taught the necessity of the accurate observation of natural phenomena; this and Morgagni's "exact anatomical thinking" were, however, as nothing to the mass of unawakened practitioners.

Then in the middle of the nineteenth century there came the renaissance of knowledge with the freedom of the spirit and liberation of the mind. To the thinking soul was opened the wealth of facts about everyone and their inter-relation and dependance on law and order. With this revelation of new sciences and re-clothing of old ones the science of nursing appeared. The elaboration of medicine to a subtle combination of art and science was impossible without it! The aspiration of the physician to prevent as well as to cure was still more impossible without it. It came as a necessity. In order that the true sequence of phenomena might be known there was need of closer and more constant observation after the surgeon has completed his labors or the physician had reached his conclusions. Keener watchfulness and greater resources were required

* Address delivered to the nurses of Lakeside Hospital.

to detect and even anticipate possible complicating events. Greater devotion, professional devotion, if not affection, was demanded to apply the guiding words of the now thoroughly awakened physician and in response to this urgent need the professional trained nurse arose. The hospital was the temple in which this new priestess was made manifest; it was there that schools for her more elaborate training were established and the Hippocratic method of careful medical observation introduced.

From the physician's standpoint the benefit which accrued from this close observation of the patient was of incalculable value. The nurse was taught the necessity of accurate records and of carefully collected specimens. She was also trained to recognize the need for executive talent in carrying out the various attentions prescribed for the patient. Where these attentions were numerous and confusing she was trained to realize that the sleep and strength of the sick one depended in a large measure on her exercise of executive ability. She was also taught surgical cleanliness, bacteriological dangers, hygiene, higher housekeeping, cooking and the fundamental good manners essential to her position as an aid to the family as well as to the patient and the physician. Her judgment, caution, tact, tenderness as well as skill were considered in the arrangement of the curriculum.

This introduction of a trained, skilled assistant threw a new responsibility on the director of the sickroom—the physician. His orders were carried out to the letter and consequently demanded greater exactness and completeness in their formulation. He was obliged to state definitely the temperature of baths, the percentage of the dilution of nutrient drinks, the best times of administering medicines; to know the best plan for ventilation, the necessary hours of sleep, to enter carefully into details which he had not before considered, except in a general way, for it had previously been useless, to try to enforce them. The presence of a critical, trained, intelligent, alert aid at his elbow was at first almost irritating to the general practitioner who had not recognized the development of this new force, and to the families for whom the nurse was still in the category of servants. But the reactionaries were swept back by the enthusiasm of hospital and institutional men for whom the problems of medicine are infinite and eternal and for whom their solution can never demand too much, too intelligent, too devoted and too constant assistance.

It was necessary to adapt ourself to the new arrangement as it is always necessary to accommodate oneself to a new system. But it was no more possible to oppose it effectively than it was to stop the on rushing of many waters. Humanity was in the dark background, dull and

but dimly conscious of the new events, but pointing with a limp finger toward the point where light was breaking and faintly illuminating a new personality—a personality that had come to comfort and to save. But to those even who had the prescience of a vision this personality did not fully reveal itself and even now after four decades of rich experience its potentialities are not known. At first it limited itself to bedside attendance. It was a new therapeutic force, a new element in the domain of healing and like many new elements in the science of therapeutics it was tried by fire, by the fire of criticism. It withstood, however, the fiercest test.

The nurse therapeutic primarily was one of the agents employed by the physician. She received and executed his orders, but as her training became more thorough, because of the rise of scientific nursing schools, her capabilities multiplied and it was possible to trust her to meet emergencies. This became especially noticeable in post operative periods, in the puerperium, the crises of pneumonia, and in accidents of acute diseases when the unexpected not infrequently occurs. One could not estimate the times within the limits of one physician's work when the vigilant eye of the well trained nurse had caught the first evidence of an ill turn of the disease and thus put it in the power of the medical attendant to anticipate by hours if not by days the threatening complications. Accurate dosage, subcutaneous medication, aseptic dressings, lavage of the stomach and other viscera, baths, packs, and many forms of hydrotherapy, electrotherapy, local applications, skilled feeding, notably in the case of infants, ventilation, especially in lung fever and whooping cough, enforcement of a strict régime, as in tuberculosis, neurasthenia and hysteria, all are now possible through the agency of the trained nurse where otherwise such measures would be ineffective or dangerous. As the schools improved and the nurse grew in skill, as opportunities for her usefulness increased, the candidates for admission to the ranks of the new profession multiplied and new features in the nurse's career developed. Some women limited their work to surgery, some to medicine, others still to midwifery and as a result the specialties of surgical, medical and obstetrical nursing arose.

The necessities of the great hospitals created new positions, and the institutional nurse appeared. She needs must be a woman with executive ability. The superintendent of the training school, the head nurse, the chief nurse in the surgical amphitheatre require traits that the nurse therapeutic need not necessarily possess. Some find the permanent offices in an institution more to their taste than the circumscribed life of the sickroom, and develop more rapidly in these positions; with others the

case is reversed. The institutional nurses have a continuous service in one line and to them we must look for new ideas, new books, and new life. They are the women who will inspire probationers and pupils to work, fill them with enthusiasm, raise their ideals and incite them to accuracy. The responsibilities of the institutional nurse are very great, for on her depends the quality of the women received for instruction and the thoroughness with which the instruction is given. The teaching nurse belongs to this class and though she is recruited from the ranks of the therapeutic nurse she is a teacher from the beginning. The gifts of the teacher seem to exist in some because of their power of knowing the standpoint of the pupil, because of their "vicariousness." Put yourself in his place if you wish to acquaint the student with your ideas. One will teach the didactic branches best, another ethics, another diet and cooking; there is a field in each of these branches for wide expansion and growth.

Another development of the institutional nurse is in anæsthetics. A well trained woman possesses advantages as an anæsthetizer that a physician may not have. She remains within the confines of her duty. The field of operation is closed to her, she never expects to enter it and is not interested in it. She closely watches the face, follows the course of the pulse and respiration, the changes of color of the face and the action of the throat, the eye and the stomach as well as the quantity of the anæsthetic used. Her ambitions do not carry her beyond that. The usual anæsthetizer gives ether as a phase of his training and not as a business and is apt to be diverted by the brilliancy of the operator. To follow his chief is his aim; to excel in her specialty is the aim of the nurse anæsthetizer. This is a new and attractive field and reveals the possibilities of the development of the therapeutic nurse in a fascinating way.

The child's nurse and the infant's nurse represent well defined departments of nursing. The work with nurslings is totally different from that with children. In fact the difference is greater between these two divisions than between the care of children over two years and adults. A nurse eagerly recognizes this and knows that she must have special training in the care of babies to succeed with them. This has led to the nursling's special nursing. There are numerous problems, notably those of feeding, systematic régime and peculiar care of the body of the child that do not appear in any other department of nursing. I may say that greater scientific exactness is required with infants than with any other class. The mortality is greater under one year of age than at any other time of life. It must be then that the dangers menacing the child are more numerous and more deadly. This naturally leads to

the subject of the child's nurse who is developing from the ranks of the nurses. Schools now exist for the training of such persons. Such a school will soon be established in Cleveland in conjunction with the projected Baby Hospital. The training there need not be so long as with the true therapeutic nurse but, though different, it will be as thorough in this specialty. The therapeutic nurse is trained in pathologic problems but the child's nurse will be trained in physiologic problems, that is, in the functions of healthy organs. Unfortunately we are dominated too much in medicine and in nursing by the pathologic side of illness and neglect the physiologic phase. In this age, when the natural history of disease is so extensively studied, this is an error. The child's nurse must be taught the conduct of the healthy child in walking, talking, eating and sleeping, things one scarcely gives more consideration to than he does to air and water.

There is a proverb that one should not look a gift horse in the mouth, and it would seem that piety had prevented men from looking closer into the God-given gifts of water, air and sleep. The child's nurse will learn to distrust everything that comes near the child, everything she has not investigated; she will not be like our old friend who needed no thermometer to test the temperature of the bath, for when the water was too cold the baby was blue and when it was too hot the baby was red. She will learn that it is not Providence but the careless dairyman who steals away our babies, because dirty milk is poison. To make these facts a part of oneself requires training. Science is not fussiness, it is truth. To find the truth requires work.

The nurse attendant, and nurse convalescent may come from the amateur class, but they are stronger and more useful if trained. The time is coming when, as the acute phases of the disease pass, the nurse therapeutic will give way to the nurse convalescent just as the surgeon gradually turns his case to his assistant. These latter nurses should in a preëminent degree have the graces of womanhood. Tenderness, tact, patience, accomplishments and physiologic knowledge are required to successfully fulfil their calling. I might indeed make a classification of the physiologic and pathologic nurse.

A quiet little niche is filled adequately by the hourly nurse who goes with her kit from house to house and gives baths, rubbings, makes dressings, assists a physician or prepares the invalid for the day or night. She has not developed her department yet; she will later develop it; she should be a general adviser to the family and be able to instruct them in many things, as well as perform her simple office as the nurse's substitute. In a metropolitan daily I recently read this advertisement: "Mrs.

Joy. Cheering by the hour." Dear little Mrs. Joy! How many fits of the blues she has charmed away! There is the nurse philosophic, for you!

Like Minerva from the head of Jove the visiting nurse orders sprang from the established profession, equipped and alert for work. It was an application from the singular to the plural. The care of the favored one leads to the thought of the care of the many. The nurse therapeutic is scientific in a pathologic sense, the nurse prophylactic is scientific in a sociologic sense. The former is professional, the latter humanitarian and philanthropic. Seventy years ago in Germany, inspired by Pastor Fliedner of Kaiserwerth, the nurse commenced a work among the sick poor which was both humanitarian and professional. She became one of the leading figures in that great movement toward the people which, thirty years later, though with different impulse, was to stir the Russian nation so profoundly. It was not however until the seventies and in England that visiting nursing, as we understand it, was instituted. Trained nurses were then taken from the educated classes and commenced under the direction of a superintendent the systematic visitation of the sick poor in their homes.

The visiting nurse association is the latest phase of the concerted effort of several nurses for one purpose. There are at present over two hundred of these associations in this country. The visiting nurse must be an especially selected person. First she must be qualified by temperament and heart to enter the homes of the poor as a friend. In order to conserve her enthusiasm, frequent contact with members of her association is necessary. She becomes thus in a limited sense a member of an order. But at the same time that she gives up her liberty in a measure she must have a wider range of initiative of her own, for she often goes to families where there is no physician and no knowledge of sanitary laws. The problems she meets she must solve alone. She must therefore be resourceful and original in a large sense. She is concerned with illness it is true, but when this is severe the district or neighborhood physician is the arbiter of the situation, or the patient is sent to the hospital. The questions that ordinarily present themselves to the visiting nurse are those which concern the prevention of disease or the management of the household. She advises the family, she knows the resources of the city or community in which she lives and utilizes them in the interest of the poor. Thus she opens a sanatorium to one, a dispensary or hospital to another, the fresh air camps to a third. More valuable, however, than this is her instruction in the care of the home. Thus the nursing association is in many places called, the Instructive Home Nursing

Society, or the Instructive District Nursing Society, and the members are known as the instructing nurses.

The visiting nurse is a trained nurse and has always had hospital experience, but to this absolutely essential element in her education, she now receives, in this city, supplementary training in the sociologic work of the Associated Charities. She thus learns how to diagnosticate the diseases of the improvident and the indigent and can often apply the remedy. Notwithstanding the persistence of vicious social conditions and the constant presence of the needy, "For the poor ye have always with you," the visiting nurse does not lose her ardor. Although repeatedly face to face with the most discouraging situations, she yet loses naught of her enthusiasm. There is probably no philanthropy that can show the favored sons of earth the way to help the unfortunate better than the visiting nurse; she is the natural medium between the classes and the masses. Thus, though a nurse by education and training, she has totally different aims from the nurse therapeutic, for she has evolved into a sociologic force. Her hospital is a great floating institution with hundreds of patients, her wards are the wards of the city and her pupils and helpers the people themselves.

One great power of the visiting nurse is the breadth, farsightedness and adaptability which she has attained by living ever among the struggles of the people and making their conflicts her own. The visiting nurse in Cleveland has thus largely succeeded in establishing and maintaining two institutions which without her aid would long have awaited their instalment. When the suggestion was made to the Visiting Nurse Association in this city to co-operate with the Tuberculosis Dispensary and the Babies' Dispensary it was met by an immediate and favorable response and the social dispensary arose as a new force in the community. The social dispensary is a place where the poor are cared for by the physician and followed to their homes and there instructed by the nurse. The social dispensary system is the best means of controlling consumptives who cannot enter the sanatoria and there is no surer way of thwarting that great holocaust, infant mortality, than through the agency of the Babies' Dispensary.

The evolution of the nurse from a therapeutic to a prophylactic force has made possible these two institutions which promise heroic things in combatting the two deadliest foes of humanity. The prophylactic nurse is the chief spoke in the wheel in their machinery. They would cease to exist as effective agents without her. Everyone who has labored in these institutions recognizes this to be true. In the social dispensary where babies are received, the influence of the nurse will

reach its fullest measure. There she will teach as well as serve; teach the mothers how to bathe and feed their children; teach the daughters how to guard the tiny ones temporarily committed to their keeping. These nurses can become almost foster mothers. To the general dispensary, the nurse is just beginning to find her way. The hospital physician knows but dimly the value of her service. But when a feeble woman is dismissed from the hospital, pathologically cured but still physiologically sick and socially bankrupt, and walks the streets until midnight only to faint in her tracks because there is no place for her, it is time that every one should know that the hospitals must tie themselves to the people by some social force. It is the prophylactic nurse who will bring the hospitals closer to the people. The general dispensary and the hospital visiting nurse has more strictly medical work to do than the social dispensary nurse. Her problems are in a greater degree therapeutic and the physician is still the chief director although the patient is no longer immediately under his eye. The visiting nurse is more directly an evolution from the therapeutic nurse than is the community nurse for, as I have already stated, she is first of all a nurse and is educated as one. She passes through the grades of therapeutic nursing and often has served in the hard school of private nursing. As a body the association has great power, and when intelligently and generously directed it becomes a strong co-operative factor in the "mobilization of social forces," notably the social dispensaries and the schools.

The time is at hand when the children in the schools must have closer supervision of their health, and we will soon see another nursing specialty. Indeed this need has already been recognized in several of our large cities. Boards of Education will do well to select their nurses from those who have had prophylactic and sociologic training. School hygiene, school sanitation and child inspection are necessary for "the preservation of the grain." The ordinary contagious diseases gradually cease to be a menace to the child, but tuberculosis begins to increase suddenly as the child enters the school and gradually grows with each year until the fifteenth when it becomes an element of extreme danger. To pick it out and thwart it requires the aid of the school nurse.

Religious nursing orders have existed for centuries and were a development of alms-giving and the religious life of the church; their ministrations were beclouded with superstition and tradition as was the practice of medicine. As science emancipated itself from error and became free, the nursing of the orders followed it so that the institutions which they now maintain are good examples of hospital administration. The Sister is a therapeutic nurse who lives in a community. Recently

she has called to her aid pupil nurses who are trained and graduated from the hospital. To-day the members of the community attend lectures and examinations, some even take degrees in pharmacy in order the more effectively to direct the apothecary department. The Passavent Sisters, an order founded by a Lutheran Pastor, are planting hospitals throughout the country. They, too, care for the sick only in institutions and are therapeutic nurses. These orders have great power and influence for good as well as strong financial standing. Five years ago a community of sixty Polish Sisters approached a Chicago physician stating that they wanted a hospital and asking that he finance the matter. He considered that the labor of sixty devoted women was a substantial asset and had no difficulty in borrowing \$250,000.00 with which to build and equip an institution. The nursing was the attractive feature in the scheme and the part of the whole proposition that made it presentable as an investment. The deaconesses also have hospitals but they carry on as well a system of prophylactic nursing. The large Victorian order of nurses is a lay order or association that provides nurses for individual as well as institutional work. They act as visiting nurses also.

The amateur nurse while not a development of the therapeutic nurse has been distinctly modified by her. The experienced nurse often has distinct gifts. I am sure that I shall never forget a certain one whom I knew on Blackwell's Island. She had served under Metcalf, Elliot, Thomas and Fordyce Barker and was a veritable repository of wisdom. The most efficient typhoid fever nurse I have ever known was an untutored German "hausfrau." These women are admirable coadjutors. The friendly visitor and volunteer nurse also have their place. Probably none give themselves more sincerely and more eagerly to the cause than these women who, by their very contact with poverty and distress, are able to carry back into their world knowledge that bears fruit in a thousand ways.

The mother of young children is always exercising the office of nurse. She is the only one to observe the earliest prodromata of illness as well as to guard the well-being of her brood. In times of health she should always be the head nurse and only resign her position to technical necessity. Her grasp on the psychical side of nursing is much greater than that of any temporary professional nurse, and it behooves both nurse and physician to observe keenly the relations existing between parent and child. The mother can often re-establish the nervous equilibrium of the child and enable "tired nature's sweet restorer" to steal in. The mother is also not infrequently an expert in infant feeding and solves many knotty problems for the nurse. It is a grave responsibility to

separate mother and child, wife and husband at the critical periods of their lives, and I have often doubted the wisdom of it. I have often thought that the therapeutic nurse did not appreciate the latent power in the mother nurse. I hope that I have made it clear that, although nursing is a profession, some of the elements of humanity possess many of its prerequisites and should be utilized.

Dr. Miele, a physician in Ghent, arranged classes of girls to assist him in his work with babies. He taught them the rudiments of nursing and sent them on little commissions. He called them his "Little Mothers" and had many thanks from the tired mothers for the inspiration he had given to the little mothers. All these allied forces get their inspiration from the therapeutic nurse. Such wide spreading branches must indeed have grown from a tree with sturdy trunk and deep root. It is by the patient wrestling with death that the solution of many of the great problems is found. The close, hard thinking by the bedside, the intimate association with the strong mind of the earnest physician, the philosophic facing of a hopeless situation, and the tactful control of a hopeful one, the fearlessness, courage and unwearying patience will contribute to the formation of a permanently elevated character that will send its influence throughout all the fields of nursing:

When one contemplates the extent of the field covered by the nurse and that it is the therapeutic nurse who must keep these fields supplied and that it is the schools that must supply the nurse, one can realize where the responsibility lies for the maintainance of a high standard.

Wherever a nurse finally remains, be it as the hand maiden of the sick, assistant of the physician, or helper of the people, remember that the great profession of nursing is now in a position to weld together many classes of humanity, to consolidate much philanthropic endeavor. Who knows but that the brotherhood of man may finally be realized through the quiet efforts of the nursing sister?